| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968108 | R<br>06/06/2017 |
| NAME OF PROVIDER OR SUPPLIER<br>**L & L ASSISTED LIVING COMMUNITY INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4211 CHAIRES CROSS RD**<br>**TALLAHASSEE, FL 32317** | |

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 - Initial Comments**

An unannounced revisit survey was conducted at L&L Assisted Living Community in Tallahassee, FL from . . . . through . . . . . This revisit was in response to deficiencies cited during the facility's biennial survey, originally conducted on . Deficient practice was identified at the time of the revisit.

**0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC**

Based on observation, interview, and review of facility records, the facility failed to have menus posted, failed to have portion sizes on their menus, and failed to follow planned menus for 4 of 4 residents in the facility. (#1, #2, #3, #4)

The findings are:
On . . . . at 8:10am, entrance was made to the facility. Upon entrance, observation of facility residents was conducted in the combined living dining , where two residents were observed to be seated at the dining table, actively eating their breakfast. Resident 2 had only a few bites of scrambled eggs left on her plate, and resident 3 had scrambled eggs and toast observed on her plate. At 8:18am an interview was conducted with the staff member on duty, direct care staff A. She was asked if she had a copy of the menu she had used to make the residents' breakfast, and she stated that the administrator had the menu, but there was not a copy that she had access to. When asked how she knew what to prepare for breakfast if there was no menu, she stated that the residents had certain things they liked, and that is what she prepared. she stated that if she had given them anything else, they wouldn't really eat it so she fixed them what she knew they liked.

On at 8:00am, entrance was made to the facility to continue the facility's revisit survey. There were 3 residents observed at the dining . . . . . and one resident observed in a recliner chair to the left of the dining . Each of the three residents at the table had different food. Resident #1 was observed with a bowl of grapefruit and a bowl of oatmeal, resident #2 had what appeared to be a chicken biscuit, and resident #3 had a bowl of oatmeal in front of her. Staff Kulthun Shabacz stated that the residents were eating what they liked. There was no menu posted in the facility at the time of the observation.

On at 9:12am the administrator provided a copy of the facility menus maintained in a binder. There were 4 weeks of menus, and all had been signed by a registered dietician on . . . . . The menu for the breakfast meal for Tuesday in the second week ( ) indicated that the residents should have been served one or more of the following items: orange juice, . . . cereal, scrambled eggs, turkey sandwich, and cinnamon toast, jelly, milk, coffee, bread. There were no portion sizes listed on the actual menu.

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SUMMARY STATEMENT OF DEFICIENCIES
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An interview was conducted with the administrator at that time. She stated that there was no reason for the staff to tell me that there was no menu in the facility as it stayed in a binder, in the cabinet, next to the kitchen area and was not locked up.

Class III

**L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC**

Based on review of personnel files and interview, the facility failed to ensure that all staff had received training related to limited mental health services for 2 of 4 employees employed by the facility holding a limited mental health license (Employee B and C).

The findings are:
Review of the personnel files was conducted for all 4 of the facility employees. At the time of review, there was no evidence in the files of employee B or employee C showing that either staff had received training related to the provision of limited mental health services, and the facility had no limited mental health residents in the facility at the time of the survey.

On . . . . at 9:12am an interview was conducted with the facility administrator. she stated that she was getting the employees registered for the training, but was not able to provide verification of their registration. She also confirmed that there were no limited mental health residents in the facility at that time.

Class III